

FORM B

WELFARE DEPARTMENT

City of Berlin, N.H.

REQUEST FOR ADDITIONAL ASSISTANCE

Date of Request: _____ Date of Original Application: _____

Name: _____ Address: _____

MEMBERS OF HOUSEHOLD

Name S.S. # D.O.B. Age Relationship

Assistance Available: Food, rent, utilities, personal needs, medical (if necessary).

Assistance Presently Receiving:

Additional Assistance Requested:

Reason for Request:

Duration of Assistance:

I understand I should repay the City of Berlin for any assistance I am given when I am able to.

ANY CHANGE IN INCOME, RESOURCES, FINANCIAL OR LIVING
ARRANGEMENTS MUST BE REPORTED TO THE WELFARE OFFICE AT ONCE.
FAILURE TO DO SO MAY AFFECT ELIGIBILITY FOR CONTINUANCE OF
ASSISTANCE.

Welfare Official's Signature

Applicant's Signature

Applicant's Signature

■ NOTICE —

- Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. Application Form will be provided upon request.